

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/518297

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101						
102			1			
103				1		
104			1			
105						
106						
107						
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148						
149						
150						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		←	100	←		←
TOTAL CLAIMS			104			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
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198						
199						
200						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

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	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		①				
2		/					52	/					
3		/					53		①				
4		/					54		23				
5		/					55		23				
6		/					56		1				
7		/					57		13				
8		/					58		13				
9		/					59	/					
10	/						60		1				
11	/						61		1				
12		/					62		3				
13		/					63		3				
14		/					64		23				
15		/					65		23				
16		/					66		23				
17		/					67		23				
18		/					68		23				
19		/					69		①				
20		/					70		23				
21		/					71		23				
22		/					72		①				
23		/					73		23				
24		/					74		23				
25		/					75		①				
26		/					76	/		/			
27		/					77		1		/		
28		/					78		①		/		
29		2					79	/			/		
30		/					80				/		
31		/					81				/		
32		①					82				/		
33		①					83				/		
34		①					84				/		
35		①					85				/		
36		①					86				/		
37		①					87				/		
38		①					88				/		
39		①					89				/		
40		①					90				/		
41		①					91				/		
42		①					92				/		
43		①					93				/		
44		①					94				/		
45		①					95				/		
46		①					96				/		
47		①					97				/		
48		①					98				/		
49		①					99				/		
50		①					100			/			
TOTAL IND.	↓		↓		↓		TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←		←		←		TOTAL DEP.	←		←		←	
TOTAL CLAIMS							TOTAL CLAIMS						